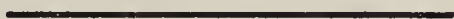


**NEWMARKET RURAL DISTRICT**

**in the**

**Administrative County of Cambridgeshire**



**ANNUAL REPORT**

**of the**

**MEDICAL OFFICER OF HEALTH**

**Including Report of the Chief Sanitary Inspector**

**for**

**1951**



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## GENERAL STATISTICAL AND SOCIAL CONDITIONS

Area: Land 80,856 acres

Water 245 acres

Number of Parishes: 22

Rateable Value: (31.3.52.) £66,146

Sum represented by a penny rate: £257

Number of inhabited houses according to the Rate Book: 6,548

Estimated mid-year Home Population: 20,220

Census Population: 1951. 20,219

The whole district is agricultural in nature and there are no industries except those directly or indirectly associated with agriculture.

Birth Rate 13.4  
(Corrected) 14.7

Death Rate 12.8  
(Corrected) 11.0

Infant Mortality 22.1  
Rate.

### ERRATA

Page 9, line 22 - insert "one of" before "the highest".  
Page 24, line 7 - delete "Emergency".

MEMBERS OF THE PUBLIC HEALTH COMMITTEE

CHAIRMAN

Councillor C.W.L. Woollard

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COUNCILLORS

J.W. Aves

H.R. Baker

E. Cooper Bland

A.C. Hardy

R.T. Howlett

A.S. Kent

A.E. Murfett

J.L. Newman

O. Spooner

A.H. Trinder

R.E. Way

Rev. M.F. Williams

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To the Chairman and Members  
of the  
Newmarket Rural District Council

Ladies and Gentlemen,

This report has been prepared in accordance with Ministry of Health Circular 42/51 dated 10th December, 1951.

The year was marked by the taking of the Census on April 8th, 1951 and the Preliminary Report of the Registrar General shows that the population of the district is now 20,219 persons. Twenty years have passed since the last census was held. The year under review ushers in the second half of the 20th century and I have thought it appropriate to review some aspects of the health of the district in the first half of this century and the latter part of the 19th century; reports of my predecessors being available from 1874 to the present day.

This report includes, therefore, a study of the experience of the district in 1951, a short comparative review of the district's health in past decades, and the Chief Sanitary Inspector's observations on the sanitary circumstances of the area.

The general health of the district has been satisfactory during the year. On pages 5 - 7 details of the vital statistics are given. In comparing the figures with those of previous years it must be borne in mind that the numbers from which the various rates are calculated are often small, giving rise to wide variations in the ratios. For this reason the actual infant deaths have been included under the ratios in the resumé of the indices for the last five years. The corrected birth and death rates are arrived at by the use of a comparability factor supplied by the Registrar General. The corrected figure enables comparison to be made between areas. Since this factor has only recently been introduced the crude figures have been used to show the trend over the last five years in birth and death rates. The birth rate is the lowest since 1940 when the figure was 13.3. One death occurred during the year due to causes attributable to the classification 'pregnancy, childbirth and abortion' and was due to a difficult labour. Elsewhere in the report the district's experience of infectious diseases is described.

In respect of the sanitary supervision of the area it has again been a busy year as evidenced by the report of the Chief Sanitary Inspector. Over and above the wide range of routine work carried out by the department, the importance of which cannot be



too strongly emphasised, there are many and varied calls made upon its services. The progress of the regional water scheme is satisfactory and its completion in 1952 will relieve the burden now experienced by other stations. That it has not been possible to make progress with the proposed sewerage schemes is a matter for concern; it is hoped that 1952 will see some start made in these urgently needed works.

Housing remains a problem. Details of the rural housing survey are given in the report. The fact remains that there is a considerable number of properties in the district which are deteriorating through lack of attention. Structurally they are sound but require some repair and the addition of certain amenities to bring them up to present day standards. At existing rentals owners are unable to carry out this work, the properties therefore gradually decline, ultimately falling into category 5. The Housing Act, 1949, did little to assist owners of such properties and requires amendment in order that they may be embraced. Such measures would enable an important addition to be made to the available number of fit houses in the district.

Special attention has again been given to the supervision of food and food premises. It is a pleasure to record the assistance given by food traders in co-operating with the department's efforts to raise further the standards of food hygiene in the district.

I am,

Yours obediently,

P. A. TYSER, M.D., B.S., D.P.H.

Medical Officer of Health.

## VITAL STATISTICS FOR THE YEAR

(The mid-year home population is used for the statistical calculations)

<u>LIVE BIRTHS</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	136	126	262
Illegitimate	4	5	9
	<hr/>	<hr/>	<hr/>
Totals	140	131	271
	<hr/>	<hr/>	<hr/>

Birth rate per thousand estimated population	13.4
Birth rate corrected by comparability factor (1.10)	14.7
Birth rate per thousand population (England and Wales)	15.5

<u>STILLBIRTHS</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	2	1	3
Illegitimate	-	-	-
	<hr/>	<hr/>	<hr/>
Totals	2	1	3
	<hr/>	<hr/>	<hr/>

Rate per thousand live and still births	10.6
Rate per thousand estimated population	0.15
Rate per thousand population (England and Wales)	0.36

<u>DEATHS</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
	133	126	259

Death rate per thousand estimated population	12.8
Death rate corrected by comparability factor (0.86)	11.0
Death rate per thousand population (England and Wales)	12.5

### INFANT MORTALITY      Deaths of infants under one year of age.

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	5 (5)	1 (1)	6 (6)
Illegitimate	-	-	-
	<hr/>	<hr/>	<hr/>
Totals	5	1	6 (6)
	<hr/>	<hr/>	<hr/>

(Deaths of infants under four weeks of age are shown in brackets)



Infant Mortality Rate. (Infant deaths under one year per thousand live births)	22.1
Infant Mortality Rate. (England and Wales)	29.6
Neonatal Mortality Rate. (Infant deaths under four weeks per thousand live births)	22.1
Legitimate Infants per thousand legitimate live births.	22.9
Illegitimate Infants per thousand illegitimate live births.	Nil
Maternal Mortality. (Deaths ascribed to pregnancy, childbirth and abortion)	1
Deaths from cancer (all ages)	28
Deaths from tuberculosis (all ages)	Nil
Deaths from whooping cough	Nil
Deaths from measles	Nil
Deaths from pneumonia	5
Deaths from influenza	14
Deaths from diarrhoea (under 2 years)	Nil



CERTAIN COMPARATIVE RATES

	<u>1946</u>	<u>1947</u>	<u>1948</u>	<u>1949</u>	<u>1950</u>	<u>1951</u>
+ BIRTH RATE	16.1	18.3	16.0	15.6	15.4	13.4
+ DEATH RATE	11.0	13.3	11.0	12.9	12.1	12.8
INFANT MORTALITY RATE	48.0	23.9	8.9	15.6	41.0	22.1
	(15)	(9)	(3)	(5)	(13)	(6)

+ The above rates are uncorrected so that they are comparable from year to year. The figures in brackets are the numbers of infant deaths in each year.

TABLE CLASSIFYING DEATHS UNDER AGE GROUPS

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Under 1 year	5	1	6
1 and under 2	1	-	1
2 and under 5	-	1	1
5 and under 15	1	2	3
15 and under 25	-	1	1
25 and under 35	3	1	4
35 and under 45	7	3	10
45 and under 55	10	4	14
55 and under 65	14	19	33
65 and under 75	36	37	73
75 and over	56	57	113
Totals:	<u>133</u>	<u>126</u>	<u>259</u>

GENERAL PROVISION OF HEALTH SERVICES  
FOR THE AREA

MEDICAL OFFICER OF HEALTH

After Dr. A. Morgan's retirement on September 30th, 1950 the Chesterton, Newmarket and South Cambridgeshire Rural District Councils held discussions with the Cambridgeshire County Council and the Ministry of Health concerning the filling of the vacancy thus created by means of a 'mixed' appointment.

It was decided that a medical officer should be appointed to act as medical officer of health for the three Rural District Councils for six elevenths of his time and as deputy county medical officer of health and deputy school medical officer for the remaining five elevenths. For the former appointment "The Cambridgeshire United Districts (Medical Officer of Health) Order 1951" has been made.

I commenced duties for this mixed appointment on July 23rd, 1951.

SANITARY INSPECTORS

W.H. Couperthwaite, A.M.I.S.E., M.R.S.I.

D. Howells, A.M.I.S.E., A.R.S.I.

F.H. Mason, A.R.S.I.

Mr Couperthwaite and Mr Howells also hold the appointments of surveyor and deputy surveyor respectively; Mr Couperthwaite on a 50/50 basis, Mr Howells 75% sanitary inspectors duties, 25% surveyors duties and Mr Mason is full time on sanitary inspectors duties.

LABORATORY FACILITIES

Chemical and bacteriological examinations of water are made by the Public Analyst at Cambridge. The Public Health Laboratory, Cambridge undertake bacteriological and biological examinations of milk and bacteriological examinations of water samples, and all necessary examinations in cases of infectious diseases.

HOSPITALS

There are no General Hospitals situated in the area. Cases of infectious disease requiring hospital treatment are sent to Cambridge City Isolation Hospital or to the Exning Isolation Hospital.



1874 - 1951

SOME ASPECTS OF THE HEALTH OF THE DISTRICT

The earliest annual report of the medical officer of health to be found in the department is that of 1874. From then until today the annual reports of my predecessors are available. The wealth of detail to be found in these reports, properly examined, would make a lengthy but interesting report. In order to mark the half century, certain aspects of the public health as portrayed in these documents are commented upon this year, and in the following years, where appropriate, the history and background of some of the services for which this Council is responsible will be reviewed.

In 1874 the district is referred to as the Rural Sanitary District of the Newmarket Union and comprised an area part in Cambridgeshire and part in Suffolk. This situation existed until the passing of the Local Government Act 1894 when the Suffolk portion of the area passed into the administrative area of the West Suffolk County Council. It has been possible to estimate the population of the district at the census of 1881 as 19,882 persons and from then onwards Table 1. shows the decennial census population together with ten yearly averages. These figures do not show any great fluctuations and the losses sustained in the '20s and '30s have been regained as shown by the 1951 census where the population is found to be the highest on record, namely 20,219.

<u>TABLE 1.</u>	<u>POPULATION TRENDS.</u>	<u>1881-1951</u>
YEAR	CENSUS POPULATION	PREVIOUS TEN YEAR AVERAGE
1881	19,882	-
1891	20,397	19,276
1901	19,065	19,237
1911	19,865	18,924
1921	18,640	19,709
1931	18,900	18,860
1941	-	18,917
1951	20,219	19,700



Turning to the birth, death and infant mortality rates (the last figure is the number of deaths of infants under one year of age per 1000 live and stillbirths), it is shown in Table 11. that these rates have fallen progressively from the ten year average 1891/1900 to the present day. Most notable is the fall in the infant mortality rates. This figure is generally accepted as a guide to the health of a community and as is well known for England and Wales it has fallen steadily for the last 50 years gathering particular momentum in the last decade.

TABLE 11. TEN YEAR AVERAGES  
BIRTHS, DEATHS AND INFANT MORTALITY RATES

<u>Period in Years</u>	<u>Birth Rate</u>	<u>Death Rate</u>	<u>Infant Mortality Rate</u>
1891 - 1900	29.2	17.2	121.0
1901 - 1910	26.2	14.3	87.0
1911 - 1920	19.9	13.9	63.3
1921 - 1930	17.4	12.7	57.2
1931 - 1940	14.5	12.5	46.0
1941 - 1950	16.1	12.2	31.5
1951	13.4	12.8	22.1

Table 111. shows the total number of cases and deaths occurring for certain infectious diseases for each ten year period 1891/1900 to 1941/1950. Most notable is the disappearance of small-pox, but in the past the district has suffered from epidemics, as in 1874 there were eleven cases with three deaths; 1881 seventeen cases and three deaths; 1882 fifteen cases, no deaths; 1885 ten cases and two deaths.

With the difficulties of communication and lack of suitable places for isolation that existed in those days in comparison with the organization of today it is a tribute to the officers at the time that these outbreaks were so well confined. Dr. Armistead, your medical officer of health assisted by Mr Lamb, the Inspector of Nuisances, by prompt action and revaccination of contacts controlled these outbreaks expeditiously.



TABLE 111. CERTAIN INFECTIOUS DISEASES

TOTAL NUMBER OF CASES AND DEATHS OCCURRING IN TEN YEARLY PERIODS

	<u>SMALLPOX</u>		<u>TYPHOID FEVER</u>		<u>SCARLET FEVER</u>		<u>DIPHTHERIA</u>	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
1891 - 1900	-	-	71	15	433	5	242	38
1901 - 1910	1	-	50	10	441	9	155	16
1911 - 1920	-	-	25	3	474	7	192	27
1921 - 1930	-	-	11	-	484	9	156	12
1931 - 1940	-	-	1	-	275	-	98	5
1941 - 1950	-	-	1	-	230	-	8	3
1951	-	-	-	-	138	- 5	-	-

With regard to vaccination in the 1882 outbreak I quote the report of that year 'I found seven other persons living in the same cottage none of whom had been revaccinated, so having lymph with me I revaccinated the three adults myself as the loss of even a day might have been dangerous. The other four were children under twelve years of age, none of whom were revaccinated, Sarah 11, Thomas 8, Robert 6 had each a few vesicles of modified smallpox with three good marks of primary vaccination.' Discussing the whole outbreak he goes on to say 'As there is no Infectious Diseases Hospital in this district all the patients were kept as well isolated in their own cottages as was possible under the circumstances'.

There was considerable concern about the lack of an infectious diseases hospital and the point is first taken up in 1874 and continually referred to. Eventually one was built in 1889 and the first patient admitted on March 28th 1890. This hospital was managed jointly with Moulton. With modification and improvements carried out during the years, it stands today as the Exning Isolation Hospital.

Another interesting piece of history is found in the report of 1876 where a 'Memorial' is to be found, addressed to the Local Government Board, Whitehall, expressing the concern of the sanitary authority and its officers over the difficulties of controlling infectious diseases without a statutory obligation



being placed upon the householder or medical attendant to notify cases of infectious disease to the authority's officers. Thus the principles of legislation so familiar to us today and introduced by the Infectious Disease Acts of 1889 to 1899 were anticipated by many years.

Typhoid fever, so often spread by water, continued to occur in the district in a marked degree well into the first half of the century. As water supplies were improved and better methods of sewage disposal introduced, so the number of cases fell away. The conditions as existing in the old days are well portrayed in the 1876 report 'From the 10th to 17th December, seven cases occurred (of typhoid fever) all children under ten years of age, attending the Board School, all living in a cluster of cottages, and deriving their water supply from the same public shallow well in the chalk and only a few yards from two or three privies and cesspools, and all having their milk from a farm in which there was a suspected case of typhoid fever.'

Scarlet fever and diphtheria both show a marked decline. In the case of diphtheria, first the introduction of antitoxin reduced the death rate and the immunization campaign in the early 1940's attacked the case rate with the notable result in this district of no cases in the five years 1946/1950, which record has been maintained this year.

## INFECTIOUS DISEASES

1951

There have been no major epidemics and none of the more serious infectious diseases, for example smallpox and typhoid fever, have invaded the district. In Table IV. (page 13) the incidence of infectious disease for 1951 is shown and the total figures for 1950 for comparison.

### MEASLES AND

### WHOOPING COUGH

Cases of measles and whooping cough were not required to be notified until October 1939.

From 1941 until this year the number of cases notified and the deaths attributable to these diseases is shown in Table IV (page 14). Whooping cough, because of the difficulty it presents in early diagnosis is not easy to control. Since it is infectious for some time before the characteristic cough appears (this symptom is not always present) many children may become infected from a case. It is a serious illness in young children and may leave behind it effects prejudicial to the child's well being. Quite often it has a fatal termination in



**TABLE IV. NOTIFICATION OF INFECTIOUS DISEASE IN AGE GROUPS**

1950 TOTALS (Deaths in brackets)	17	51	3		11	-	82 (-)
AGE IN YEARS	SCARLET FEVER	WHOOPING COUGH	ACUTE POLIOMYELITIS PARALYTIC      NON-PARALYTIC		MEASLES	DIPHTHERIA	TOTALS
Under 1	-	5	-	-	9	-	14
1 - 2	2	18	-	-	25	-	45
3 - 4	1	29	-	-	45	-	75
5 - 9	9	41	-	-	86	-	138
10 - 14	1	6	-	-	7	-	14
15 - 24	-	-	-	-	-	-	-
25 and over	-	1	-	1	1	-	3
Age Unknown	-	1	-	-	1	-	2
TOTALS (Deaths in Brackets)	13	101	-	1	176	4	291 (-)
1950 TOTALS (Deaths in brackets)	6 (5)	-	2	-	-	-	8 (5)
AGE IN YEARS	ACUTE PNEUMONIA	DYSENTERY	ERISIPLAS	FOOD POISONING	PUERPERAL PYREXIA	MENINGOCOCCAL INFECTION	TOTALS
Under 5	3	1	-	2	-	-	6
5 - 14	5	10	-	-	-	1	16
15 - 44	13	6	1	-	-	-	20
45 - 64	12	1	-	-	-	-	13
65 and over	8	-	-	-	-	-	8
Age Unknown	2	-	-	-	-	-	2
TOTALS (Deaths in Brackets)	43 (5)	18	1	2	-	1 (1)	65 (6)

TABLE V. MEASLES AND WHOOPING COUGH

Annual Case Incidence and Deaths. 1941 - 1951

	YEARS											
<u>DISEASE</u>	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	<u>TOTAL</u>	1951
<u>MEASLES</u>												
Cases	627	2	249	23	134	36	143	57	492	11	1,774	176
Deaths	-	-	-	-	1	-	-	-	1	-	2	-
<u>WHOOPING COUGH</u>												
Cases	29	47	9	2	82	32	46	52	15	51	365	101
Deaths	-	-	-	1	2	1	-	-	-	-	4	-



the young child. For these and other reasons the production of a reliable preventive inoculation is urgently awaited. Recent work carried out by the Medical Research Council gives promise of the realisation of this desire and it is hoped that in the very near future a whooping cough campaign, similar to the so successful diphtheria project of the war years, may be launched by the Ministry.

Measles and whooping cough continue to form the bulk of the notifications received. In the year under review measles and whooping cough were particularly prevalent, an experience common to England and Wales generally as shown by the fact that the incidence of these diseases was higher this year than the Country's average for the past ten years. Measles and whooping cough continue to produce a considerable morbidity in the child population but of the two, whooping cough carries the higher death rate. Taking the figures for the last ten years, (see Table IV page 14) there were 1,744 cases of measles with 2 deaths, giving a case fatality rate of 0.11 per cent, whereas the 364 cases of whooping cough with 4 deaths show a case fatality rate of 1.1 per cent.

SCARLET FEVER      Scarlet fever had a low incidence and diphtheria  
AND DIPHTHERIA      did not appear in the district at all.

PNEUMONIA           In the early part of the year influenza was  
widespread as reflected in the notifications  
of acute pneumonia.

SONNE DYSENTERY    The 18 cases of Sonne dysentery occurred mostly  
in the early part of the year in that part of  
the district surrounding Newmarket Town. In the country as a  
whole Sonne dysentery was more prevalent in the first sixteen  
weeks of this year than in the same period of the previous ten  
years. This illness is often of very mild character and unless  
bacteriological investigations are carried out the true origin  
may pass unnoticed. If bacteriological investigations of all  
cases of diarrhoea were performed it is probable that a truer  
picture of the incidence of the disease would be obtained. It is  
certainly likely that for every case detected many pass unnoticed  
and the infection is possibly more widespread in the community  
than is realised. Good personal hygiene and satisfactory  
sanitary arrangements are the most important factors in controlling  
its spread and much has been done in recent years to acquaint the  
public of the importance of personal hygiene and in particular  
thorough hand washing after visiting the toilet.



## TUBERCULOSIS

In Table A. the average number of deaths for ten year periods and the average death rate is given for pulmonary tuberculosis. These figures indicate a steady fall over the years, a fall which has been experienced throughout the country.

TABLE A. PULMONARY TUBERCULOSIS

AVERAGE TEN YEARLY DEATHS AND DEATH RATES PER 1000 POPULATION

	1891-1900	1901-1910	1911-1920	1921-1930	1931-1940	1941-1950
DEATHS	27.9	20.4	18.3	11.0	8.4	4.4
DEATH RATES	1.4	1.02	0.97	0.60	0.44	0.22

Pulmonary tuberculosis is an infectious disease associated with poverty, malnutrition and overcrowding. As these factors have diminished in the country the incidence and mortality of the disease experienced a steady fall up to the beginning of World War 11. From then until now mortality has shown a declining trend, though during the war years a slightly increased mortality occurred in certain years as compared with others. With regard to incidence, as evidenced by the annual formal notifications, this fell steadily from 117,000 approx. in 1913 to 46,000 approx. in 1939/40; rose to 54,000 approx. in 1943/44 and has since fallen to 52,000 approx. To what extent this rise, as compared with pre-war years, is real rather than apparent is difficult to assess but it can certainly be said that the use of Mass Radiography and the more intensive examination of case contacts has had its effect in discovering cases which would otherwise have escaped notice. There is no doubt that the earlier detection of cases by Mass Radiography and the discovery of certain drugs, notably P.A.S. (para-amino-salicylic acid) and streptomycin for the treatment of the disease, have together played an important part in affecting morbidity and mortality.

Nevertheless a considerable number of active and quiescent cases remain on the notification register. This register has been the subject of the customary periodic check this year and in Table B. (page 17) the state of the register is shown as at December 31st. The large number of removals is attributable to the periodic check. In Table C. (page 18) the age and sex distribution of the cases remaining on the register is shown.



TABLE B.

TUBERCULOSIS REGISTER

	<u>Pulmonary</u>		<u>Non-Pulmonary</u>		<u>Total</u>	
	Male	Female	Male	Female	Male	Female
1. Number of Cases on Register at commencement of year	59	56	34	46	93	102
2. Number of Cases notified for first time during year under Regulations	8	4	3	2	11	6
3. Cases restored to Register	-	-	-	-	-	-
4. Cases added to Register otherwise than by notification under Regulations (a) Transferred from other Districts (b) From Death Returns	1 1	- -	- -	- -	1 1	- -
5. Number of Cases removed from Register	21	18	15	16	36	34
6. Number of Cases remaining on Register at end of year	48	42	22	32	70	74

Cases removed from the register shown under (5) are accounted for as follows:-

Found not to be T.B.	Recovered		Removed to another area		Died		Total	
	M	F	M	F	M	F	M	F
-	1	4	10	7	7	6	21	18
-	-	4	8	4	3	3	15	16

**TABLE C.**  
**AGE AND SEX DISTRIBUTION**  
**PULMONARY AND NON-PULMONARY TUBERCULOSIS**  
**CASES ON REGISTER AT 31.12.51.**

AGE GROUP	<u>MALE</u>		<u>FEMALE</u>		<u>TOTAL</u>		<u>GRAND TOTAL</u>
	Pul.	Non Pul.	Pul.	Non Pul.	Pul.	Non Pul.	
0 - 15	2	10	5	9	7	19	26
15 - 25	9	3	8	10	17	13	30
25 - 35	10	4	18	5	28	9	37
35 - 45	12	3	5	1	17	4	21
45 - 55	7	1	2	4	9	5	14
55 - 65	4	-	2	1	6	1	7
65 and over	4	1	2	2	6	3	9
TOTALS	48	22	42	32	90	54	144



Graphs on pages 20 & 21 show the incidence of new cases and deaths reported each year for pulmonary and non-pulmonary tuberculosis since 1934. There is no complete answer in 1949 to the fluctuation which appears on the graphs. The greater awareness in the post war years together with Mass Radiography may account in part for the rise.

The incidence of non respiratory tuberculosis is largely attributable to infection from milk. It has been estimated that in the years 1948 and 1949 about 900 adults and 650 children died in these two years from tuberculosis due to infection with the bovine strain of the bacillus. In this connection the remarks of the Chief Medical Officer to the Ministry of Health in his report of the nation's health for 1949 are reproduced. "Although mortality from non respiratory forms of tuberculosis has declined markedly in the last eleven years, it cannot be denied that these forms are still responsible for a considerable number of deaths and, in addition, for a large amount of severe crippling which is not reflected in the mortality records. Milk is known to be the main source of this infection. It is also known that efficient heat-treatment of milk will eliminate not only tubercle bacilli, but also the many other organisms of the group of milk-born infections which cause sickness and death. A great deal of unnecessary disease is at present endured in this country which could be avoided by the introduction of compulsory heat-treatment of milk".

Assisted by the Public Health Laboratory Service and working in close co-operation with the veterinary officers of the Ministry of Agriculture and Fisheries the department is maintaining a careful check on milk supplies, particularly in regard to schools. Of the samples taken during the year none were found to be infected with the organisms of tuberculosis or undulant fever.

Since infection with the tubercle bacillus causes an illness requiring, in most cases, a considerable period of rest and treatment, control of the disease is economically important to the country, apart from the natural desire to eliminate human suffering. With the changes in the structure of our population producing an increasing number of dependants upon a working population which is not increasing proportionately, it is of prime importance that an infectious disease producing long term illness should command urgent attention. By the use of Mass Radiography, the important work of tracing case contacts, the increasing use of protective inoculation in suitable cases by means of B.C.G., the improved techniques of treatment and the general raising of living standards in the population, a great effort is being made toward combating the effects of the disease.



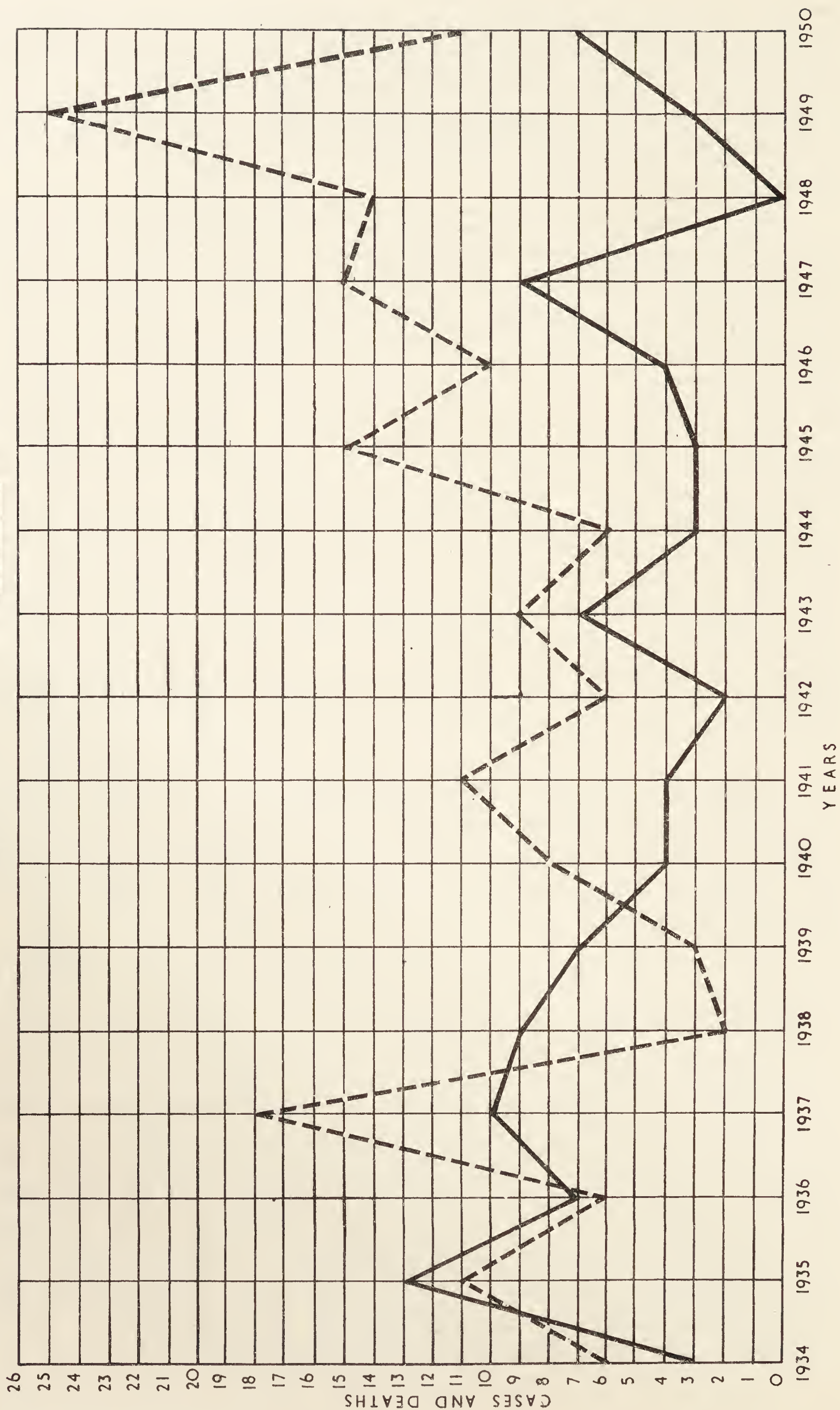
# NEWMARKET PULMONARY TUBERCULOSIS

ANNUAL CASE AND DEATH INCIDENCE

KEY

NEW CASES.....

DEATHS.....



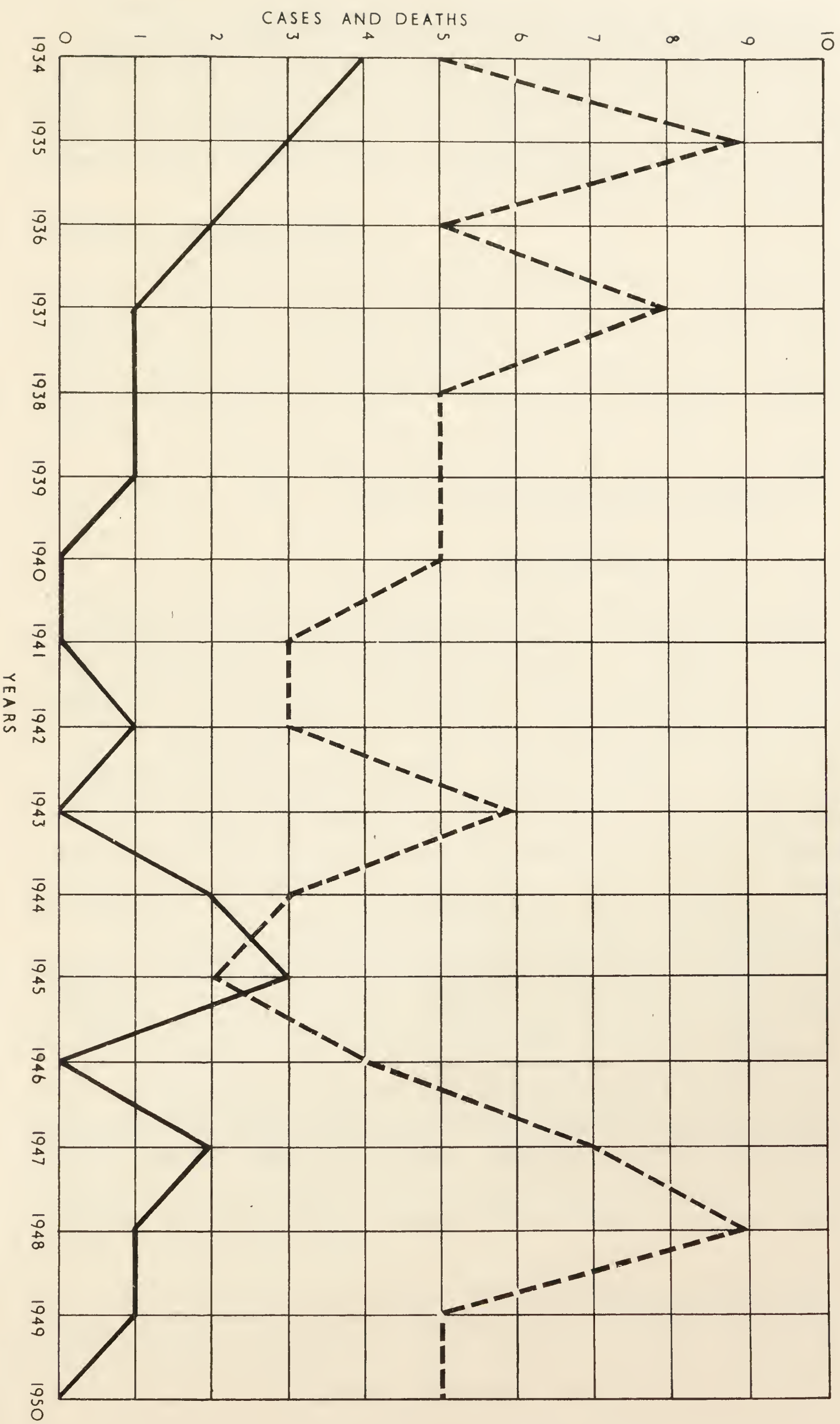


# NEWMARKET NON-PULMONARY TUBERCULOSIS

ANNUAL CASE AND DEATH INCIDENCE

KEY

NEW CASES.....  
DEATHS.....



It will be seen from the analysis of the register (Table B. page 17) that there is a total of 144 cases of tuberculosis of all forms. 90 are persons suffering from pulmonary tuberculosis and 54 from non respiratory tuberculosis. These figures give case rates per 1000 population (using the 1951 census figures) of 4.45 for pulmonary tuberculosis, 2.67 for non respiratory tuberculosis, with a total case rate of 7.12.

#### NATIONAL ASSISTANCE ACT, 1948.

##### Section 47.

No action was necessary under this section during the year. It will be remembered that the section relates to the removal to an institution of persons in need of care and attention who are unwilling to go but for whom it is considered that it is in their best interests that they should be cared for in this way. In August 1951 an Amending Act to this section of the main Act was passed, enabling, in cases of urgency, a short procedure to be followed. This modified procedure is a desirable factor in the interests of the persons for whom this section was designed, but it is considered that all concerned with the welfare of the community should realise that an infringement upon the freedom of an individual should only be resorted to in exceptional circumstances. Certain domiciliary services are provided both by the local health authority and voluntary organisations. Despite the removal by statute of the onus upon the family to care for its aged members, children have a moral debt to their parents and should not look to the State for institutional assistance in the care of aged and helpless relations unless they truly believe that it is in the person's best interests and is the only course to be followed.



## REPORT OF THE CHIEF SANITARY INSPECTOR

### WATER SUPPLY

#### REGIONAL WATER SCHEME

The 500,000 gallon storage reservoir, work on which was commenced in November, 1950, had not been completed by the end of the year due to delays caused by adverse weather conditions and difficulties in obtaining necessary materials and fittings. All constructional concrete work was, however, completed and during December the reservoir was being filled for testing.

Main laying commenced in June and by the end of the year 755 yards of the 10 inch rising main and 12,200 yards of 6 inch mains had been laid.

Work on the main pumping station and booster station did not commence due to inability to obtain the pumping apparatus and this necessitated inviting tenders for a different type of installation and redesigning the pumping station. A tender for submersible type pumps was accepted in May and a new tender for the pumping station and booster station was submitted to the Ministry for approval.

#### EXISTING PUBLIC WATER SUPPLY ARRANGEMENTS

The position was as outlined in previous reports with practically the whole area being supplied by the principal waterworks at Swaffham Prior and the four other small waterworks.

There were breakdowns in the pumping arrangements at the Burrough Green waterworks during September and October for a total period of about fourteen days due to a split rising main tube and a broken pump rod. During the whole of this time the Cambridgeshire Fire Service maintained the supply by water carrier.

It is fortunate to record that, apart from the incident mentioned in the previous paragraph, it was found possible to maintain the supplies during the year under review. Excessively long hours of pumping were again necessary at all principal stations and the Swaffham Prior pumps were often working non-stop for 23-24 hours each day.

The quantity of water, in thousands of gallons, pumped at each of the waterworks during the past four years is set out in the following table.



QUANTITY OF WATER PUMPED  
(in thousands of gallons)

STATION	1948	1949	1950	1951
Swaffham Prior	35,725	48,153	49,367	44,436
Soham	16,423	15,919	18,580	21,165
Saxon Street	12,087	13,155	13,708	13,611
Burrough Green	4,481	6,078	5,832	6,317
Stetchworth	1,814	2,030	2,209	2,013
TOTALS	70,530	85,335	89,696	87,542

It will be noted that the quantity extracted at Swaffham Prior increased by 38% in 1950 over the amount in 1948; the small diminution in the quantity in 1951 is accounted for by the weather conditions and an increase in output at the Soham station to which the Swaffham Prior mains system is linked.

Samples of the water from each of the waterworks were taken monthly and submitted to the Emergency Public Health Laboratory, Cambridge for bacteriological examination. Samples were also taken at quarterly intervals and submitted to the Public Analyst for chemical analysis. These results are similar to those which have appeared in previous reports.

85 samples were taken during the year and with the exception of 3, all were reported to be satisfactory. The three samples referred to were from different sources and failed on bacteriological examination. The bacteria counts were, however, comparatively small and attention to chlorination soon rectified the matter.

Automatically controlled chlorination plants are installed at Swaffham Prior, Soham, Saxon Street, and Stetchworth waterworks but owing to there being no electricity at Burrough Green, a special apparatus is used to chlorinate the water there. Tests for residual chlorine are carried out as a routine at all stations.



The following particulars relate to the various parishes supplied from the public water mains and indicate the number of houses and estimated population supplied by connections to the houses or by standpipes.

PARISH	No. of inhabited houses according to rate book.	Percentage of houses with mains water available.	Supply Direct to Houses.		Supplied by Standpipes.	
			No. of Houses	Est. Pop.	No. of Houses	Est. Pop.
Ashley	162	94	38	102	115	344
Bottisham	271	78	173	570	39	129
Brinkley	69	59	31	116	10	44
Burrough Green	108	63	50	159	18	50
Burwell	788	83	552	1768	103	306
Cheveley	457	93	365	898	61	143
Chippenham	135	81	30	102	80	281
Dullingham	188	80	119	391	33	144
Fordham	532	91	422	1449	63	202
Isleham	455	92	278	911	141	478
Kennett	67	52	35	112	-	-
Kirtling	140	63	46	160	42	158
Lode	212	87	100	339	84	260
Soham	1547	93	1426	4965	20	94
Stetchworth	176	75	58	217	74	257
Swaffham Bulbeck	217	77	129	418	38	133
Swaffham Prior	311	81	169	511	82	242
Snailwell and Landwade	95	-	-	-	-	-
Westley	48	83	38	131	2	9
Wicken	237	77	182	580	-	-
Woodditton	333	79	222	709	40	128
TOTALS	6548	-	4463	14608	1045	3402

It is to be noted that approximately 84% of the houses are connected to mains supplies or are adjacent to a standpipe; approximately 68% being actually connected to the mains.



## DRAINAGE AND SEWERAGE

It is a matter for regret to report that there has been little progress on projected sewerage schemes. The starting date for the Soham Sewerage Scheme was deferred in accordance with the Government's financial policy but it is to be hoped that approval will be given early next year and that work will be commenced without further delays.

Minor sewerage works carried out during the year included the laying of 96 yards of 9 inch glazed stone ware sewer at Cheveley and the construction of a new settling tank for houses at the south end of Cheveley Park.

The design, maintenance and supervision of sewage treatment installations and disposal arrangements for groups of new Council Houses presents serious problems particularly in villages near the Fens and where sub-soil conditions are unsatisfactory or natural drainage arrangements non-existent. Eight such installations were put in during the year for housing estates comprising from four to forty-four houses.

## PUBLIC CLEANSING

A foreman and seven men operating two 12 cubic yard barrier loading refuse collecting vehicles were employed on refuse and salvage collection.

Minor improvements were effected in the arrangements for collections in various parishes and the scheme again provided for fortnightly collections throughout the district. In parts of Soham and areas adjoining Newmarket collections at weekly intervals were continued.

Disposal was again by 'controlled tipping' in a pit adjoining the depot at Burwell. Attention to proper covering and regular spraying and other treatment prevented nuisance and kept all insect and other pests under control. An access roadway was completed and other arrangements made for tipping in a new isolated pit in the same parish.

The total income from sales of salvaged materials was £1769, about £1500 of this being accounted for by waste paper - this total represents an increase of 116% compared with the previous year and the amount received for waste paper shows an advance of £851.

The approximate cost of the service, compared with 1950 is indicated as follows:-



	<u>1950</u>			<u>1951</u>		
	£	s.	d.	£	s.	d.
Annual Net Cost of Service	2580.	0.	0.	1858.	0.	0.
Cost per load	4.	9.	7.	3.	10.	5.
Cost per house (per collection)		4.			2 $\frac{1}{2}$	
Vehicle costs (per mile)		1.	2 $\frac{3}{4}$		1.	5.

### CESSPOOL EMPTYING SERVICE

A new 1100 gallon cesspool emptying vehicle was delivered in March and two men have since then been wholly employed on this service.

During the year 767 loads were removed from 456 cesspools. 112 of the cesspools were on private premises and the remainder on Council properties. The Council decided upon the following scale of charge for private premises:- 1st load 30/-, subsequent loads 15/-, and a special charge of £1 where the amount removed is half a load or less. The cost of emptying cesspools on Council housing sites is allocated to the Housing Revenue Account and will be met out of the income from rents.

No difficulty has been experienced in regard to disposal of sewage which has, by arrangement, been discharged over agricultural land in various parts of the district.

### SANITARY INSPECTION OF THE AREA

On the next page is a summary of the number of inspections made during the year:-

Slaughter houses and Butcher's shops	132
Bakehouses	68
Fried fish shops and other premises registered under Section 14, Food and Drugs Act, 1938	118
Miscellaneous food premises	29
Licensed premises	74
Shops	177
Knacker's yard	3
Factories (excluding bakehouses)	112
Dairies	10
Public Cleansing	241
Infectious Diseases	29
Rooms disinfected	8
Drainage and Sewerage	299
Sewage Disposal Works	47
Schools	12
Moveable Dwellings	21
Dwelling houses	175
Re-inspection of Dwelling houses	53
Housing Act, 1949	7
Nuisances	67
Building Bye-laws - new drains tested	106
- other inspections	353
Miscellaneous	345
Building Licence investigations	29
Total Inspections	<hr/> 2,515 <hr/>

#### SAMPLES TAKEN

Water	-	95
Ice-Cream	-	21
Milk	-	16

In subsequent paragraphs details are given of the results obtained from the milk and ice-cream samples. The samples of water relating to public supplies have already been referred to. Of some 10 samples taken from private supplies 4 were found to be unfit and were the subject of special investigations. Advice was given to eliminate pollution and render the supplies safe.



## SHOPS ACT, 1950

177 inspections of shops were made. The following improvements have been carried out as a result of informal action:-

New sanitary accommodation	2
Complete reconditioning	1
Drainage system installed	1
Hot and cold water laid on	1
Washing facilities provided	1

No formal action was required and I am pleased to report a steady improvement in the hygiene of shop premises.

## ERADICATION OF BED BUGS AND OTHER VERMIN

It appears that the standard of cleanliness in homes throughout the district has shown a definite tendency to improve and no premises were found to be infested with bed bugs or other vermin.

## CAMPING SITES, ETC.

No licences have been issued under Section 269, Public Health Act, 1936 authorising the use of land as camping sites but ten licences have been granted for individual moveable dwellings.

Moveable dwellings do not constitute a major problem in this district and by constant vigilance over the few licensed caravans and occasional visitors it has been possible to secure reasonable conditions.

## SWIMMING BATHS AND POOLS.

There are no public swimming baths in the district.

## HOUSING

### RURAL HOUSING SURVEY

The survey is now substantially completed and the following table shows housing conditions existing in each parish.

The houses in Category 1 are those in good structural condition and provided with modern amenities (i.e. drainage, bathrooms etc.); those in Category 2 are of similar type but have minor defects or are lacking in some amenity. Category 3 houses are those with more extensive defects and or which are also deficient in amenities, Category 5 houses are those which should be demolished by reason of the advanced state of disrepair and sanitary defects.

### RURAL HOUSING SURVEY CATEGORISATION

	Cat. 1	Cat. 2	Cat. 3	Cat. 5	Total
Ashley	38	30	31	11	110
Burwell	16	202	222	20	460
Bottisham	37	54	44	35	170
Brinkley	2	9	21	1	33
Burrough Green	11	17	20	5	63
Chippenham	-	22	39	3	64
Cheveley	32	56	49	3	140
Dullingham	3	46	58	10	117
Fordham	38	167	85	14	304
Isleham	51	50	139	9	249
Kennett	-	-	4	1	5
Kirtling	9	29	49	9	96
Lode	54	56	59	14	183
Snailwell	5	12	13	-	30
Soham	135	305	339	35	814
Stetchworth	11	61	37	2	111
Swaffham					
Bulbeck	56	39	37	6	138
Swaffham					
Prior	46	60	64	9	179
Westley	1	14	13	5	33
Wicken	3	73	58	7	141
Woodditton	7	57	69	14	147
Totals	555	1359	1460	213	3587



It will be remembered that when the survey was undertaken it was determined by the Rural Housing Sub-Committee of the Central Housing Advisory Committee that it should be directed to 'the classification of working class housing' thus only a portion of the total housing in the district is included.

### COUNCIL HOUSES

The Council owned 1160 permanent houses at the end of last year. Of these 737 were built in the period 1920/39 and 411 between 1945 and 1951. Twelve houses were erected during the war years. Of the 749 houses built prior to 1945, 163 are provided with baths and drainage arrangements and for many of the other houses improvement schemes are projected including the provision of these amenities.

With the exception of two houses at Snailwell, all the houses have a main water supply available.

There were 777 applicants for Council houses on the waiting list at the end of the year. Whilst it is evident that there is still a large unsatisfied demand it is pointed out that many applicants have their names on more than one local authority's list.

### TEMPORARY HUTMENTS

The Council has undertaken the management of 52 temporary hutments at Bottisham and Snailwell. The very poor and temporary type of construction of these places renders them damp and cold and creates a special problem which necessitates constant heavy expenditure to keep them even reasonably habitable. The occupants should be rehoused and the premises demolished at the earliest favourable opportunity.

<u>GENERAL</u>	Number of dwelling houses inspected	175
	Number of re-inspections made	53
	Number of informal notices served	16
	Number of houses reconditioned	4
	Number of new permanent houses completed during the year:	
	By the Local Authority	112
	By Private Enterprise	5
	Number of dwelling houses found to be unfit for human habitation and represented under Section 11 of the	



Housing Act, 1936	13
Number of Demolition Orders made	15
Number of premises demolished under Section 11. Housing Act 1936	4

## INSPECTION AND SUPERVISION OF FOOD

### MILK SUPPLY

5 dairies and 7 distributors are registered under the Milk and Dairies Regulations, 1949. The dairy premises were inspected on 10 occasions and were found to be satisfactory.

3 supplementary licences were granted under the Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949 and 2 dealers and 3 supplementary licences under the Milk (Special Designations) (Raw Milk) Regulations, 1949.

### SAMPLING

16 samples of pasteurised milk were taken at various schools and submitted to the Public Health Laboratory for examination. 14 of these samples conformed to the standard for pasteurised milk. In the other two cases the necessary action was taken as they fell below standard.

### MEAT AND OTHER FOODS

With the exception of a small number of pigs for private persons, all animals are slaughtered at the Government Abattoir situated within the Newmarket Urban District. Assistance with the inspection of carcasses was given to the Urban District's Sanitary Inspector when necessary and the prescribed detailed figures for unsound meat condemned are included in the report of the Medical Officer of Health for that district.

132 inspections of slaughter houses and butcher's shops were made and 9 carcasses condemned during the year. The following is a list of meats condemned.

1 beast's carcase	-	Milk Fever
64 lbs. beef	-	Bone Taint
30 lbs. mutton	-	Decomposition
16 lbs. beef	-	Bruising



8 lbs. beef	-	Fibrous Tumour
7 lbs. beast's kidneys	-	Nephritis
5½ lbs. lambs livers	-	Taint

Regular inspection is made of premises where foodstuffs are stored or exposed for sale, and the following is a summary of the foodstuffs condemned.

476 tins of various foodstuffs - blown or otherwise unfit  
 23½ lbs. ham - decomposition  
 20 jars of pears - fermentation  
 11 cartons of cheese - mould

#### PREMISES ON WHICH FOOD IS PREPARED

54 premises are registered under Section 14 of the Food and Drugs Act, 1938 for the following purposes:-

Manufacture or Sale of Preserved Foods	-	33
Sale of Ice Cream	-	24
Manufacture of Ice Cream		1

Regular inspections of these premises are carried out and 119 visits were made during the year.

#### BYELAWS

The Byelaws made under Section 15 of the Food and Drugs Act, 1938 are strictly enforced and regular inspection is made of all premises where food is prepared or sold.

#### DOGS IN FOOD SHOPS AND RESTAURANTS

In November the Council decided to adopt a recommendation of the Minister of Food regarding dogs in food shops, restaurants etc., and in accordance therewith printed notices requesting customers not to bring their dogs into the premises were prepared and signed by the Medical Officer of Health.

It is too early to judge the efficacy of the action taken but it can be said that the response of many shop keepers and others has been most encouraging.

### ICE CREAM

Every effort has been made to secure compliance with the requirements of the Ice Cream (Heat Treatment, etc.) Regulations, 1947. 21 samples of ice cream were sent to the Public Health Laboratory and submitted to the Methylene Blue test. The results were as follows:-

<u>Grade 1</u>	<u>Grade 2</u>	<u>Grade 3</u>
11	7	3

### FOOD POISONING

Food poisoning has not troubled the district noticeably. The two cases recorded were both of the same family and were due to an infection from Salmonella typhi murium. The mode of infection was not discovered.

### BAKEHOUSES

69 visits were made to the 21 bakehouse premises in the district.

### LICENSED PREMISES

The survey of licensed premises in the district has been continued and 74 inspections were made during the year.

As a result of informal action complete new sanitary accommodation was put in at four establishments and glass washing facilities installed at one other.

### OFFENSIVE TRADES

There are no premises registered for offensive trades in the district.

### SLAUGHTER OF ANIMALS ACT, 1933

With the object of securing humane and hygienic slaughter the Council has encouraged the licensing of slaughtermen and 32 licences were granted during the year.



## FACTORIES

66 premises in the district are registered as factories under the Factories Act, 1937 and 60 of these have mechanical power. During the year 112 inspections were made and three informal notices served resulting in the remedy of insufficient, unsuitable or defective sanitary accommodation.

## PREVENTION OF DAMAGE BY PESTS ACT, 1949

One rodent operator is employed and 532 premises were inspected during the year resulting in the discovery of 11 major and 167 minor infestations. 106 of these infestations were treated by the operator and the estimated number of rats killed was 1620.

This report has been lithographed  
and bound by the Planning Department  
of the Cambridgeshire County Council.







